

# **INCIDENT/ACCIDENT REPORT**



DATE: \_\_\_/\_\_\_/\_\_\_ TIME: \_\_\_\_\_

NAMES OF CHILDREN AND STAFF INVOLVED:

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DESCRIBE THE INCIDENT/ACCIDENT:

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ACTION TAKEN:

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FOLLOW-UP:

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REPORT WRITTEN BY: \_\_\_\_\_

SIGNATURE OF PARENT: \_\_\_\_\_

PARENTS NOTIFIED YES \_\_\_\_ NO \_\_\_\_

CPS NOTIFIED YES \_\_\_\_ NO \_\_\_\_

CHILD CARE LICENSING SPECIALISTS NOTIFIED YES \_\_\_\_ NO \_\_\_\_

POLICE OR 9-1-1 NOTIFIED YES \_\_\_\_ NO \_\_\_\_

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